

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						SERIAL NO.	FILING DATE	
						APPLICANT(S)		
						CLAIMS		
AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		IND	IND	IND
	IND	DEP	IND	DEP	IND	IND	DEP	IND
1						51		
2						52		
3						53		
4						54		
5						55		
6						56		
7						57		
8						58		
9						59		
10						60		
11						61		
12						62		
13						63		
14						64		
15						65		
16						66		
17						67		
18						68		
19						69		
20						70		
21						71		
22						72		
23						73		
24						74		
25						75		
26						76		
27						77		
28	1					78		
29		1				79		
30		1				80		
31		1				81		
32		1				82		
33		1				83		
34						84		
35	1					85		
36		1				86		
37		1				87		
38		1				88		
39		1				89		
40		1				90		
41		1				91		
42						92		
43						93		
44						94		
45						95		
46						96		
47						97		
48						98		
49						99		
50						100		
TOTAL IND.	2					TOTAL IND.		
TOTAL DEP.	11					TOTAL DEP.		
TOTAL CLAIMS	13					TOTAL CLAIMS		